

## INCIDENT REPORT

Form 8

1160-25-56

Revised 12/17

POLICE DEPARTMENT  
BALTIMORE, MARYLAND

1 Crime / Incident Disturbance of Property		Attempt <input type="checkbox"/>	2 Complaint Number 9-191007765
3 Location of Offense / Incident (Exact Street Address) 700 Washinton Blvd.		Page 1 of 2	
4 Date / Time Occurred 10/23/19 1402hrs		5 Date / Time Reported 10/23/19 1405hrs	
11 Location Given by Dispatcher Same as 3		12 Companion Report No.	
18 Describe Location of Offense or Type of Premise City Street		19 Reported by Crime Watcher <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

☐ Person ☐ Property ☐ Vehicle ☐ Miscellaneous

Domestic Related ☐ Gang Related ☐ Juvenile Related ☐ Hate Crime ☐ Investigative Stop ☐

6 Unit 9B31	7 Post of Occurrence 931	8 Reporting Area	9 Street Code	10 CAD Number 2275
13 Case Status <input checked="" type="checkbox"/> Open <input type="checkbox"/> Closed	14 Case Disposition <input type="checkbox"/> Cleared <input checked="" type="checkbox"/> Not Cleared	15 Follow-up <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	16 Crime Code	17 Crime Classification

20 Complainant/ Victim		Name (Last, First, MI), or Firm Name if Business		Residence / Address (Include City, County, State, Zip)		Age	DOB	Height	Weight	Gender <input type="checkbox"/> M <input checked="" type="checkbox"/> F
Race: <input checked="" type="checkbox"/> Black <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other		Ethnicity <input type="checkbox"/> Hispanic or Latino <input checked="" type="checkbox"/> Unknown		Limited English Proficient? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, Primary Language		How did officer proceed? <input type="checkbox"/> Lang. Line <input type="checkbox"/> Professional Interpreter <input type="checkbox"/> Qualified Bilingual Member		
Where Employed or School Attending (Include City Located)		Occupation		Hours of Employment		Residence Phone		Other Phone		Sobriety
21 Injuries and Location on Body		Victim's Condition		Victim Hospitalized Facility <input type="checkbox"/> Yes <input type="checkbox"/> No		22 Victim / Assailant Relationship		23 Current / Former Cohabitant <input type="checkbox"/> Yes <input type="checkbox"/> No		

24 Reporting Person	Name (Last, First, MI) Same as 20	Sex	Race	Age	DOB	Address (Include City, County, State, Zip)	Residence Phone	Other Phone
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25 Witness Parent/Guardian	Name (Last, First, MI)	Address (Include City, County, State, Zip)	Residence Phone	Other Phone
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26 Suspect		Name (Last, First, MI) Unk		Address (Include City, County, State, Zip)		Age	DOB	Height	Weight	Gender <input checked="" type="checkbox"/> M <input type="checkbox"/> F
Race: <input checked="" type="checkbox"/> Black <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other		Ethnicity <input type="checkbox"/> Hispanic or Latino <input checked="" type="checkbox"/> Unknown		Limited English Proficient? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, Primary Language		How did officer proceed? <input type="checkbox"/> Lang. Line <input type="checkbox"/> Professional Interpreter <input type="checkbox"/> Qualified Bilingual Member		
Complexion		Hair Color/Length/Style		Hat		Eyes		Facial Hair		Teeth
Pants grey sweatpants		Shoes black sneakers		Additional Descriptors (Tattoos, Piercings, Scars, Marks, Accent, etc.)		Shirt/Coat black hoodie		Arrest Number		

27 Trademarks of Suspect(s) (Action / Conversation) struck vehicle with squeegee		28 Point of Entry N/A		29 Location Last Seen Washington and MIK		30 Manner of Escape On foot		31 Direction of Escape Unk	
32 Weapon / Means of Attack squeegee		33 Method Used to Commit Crime Hands		34 Type of Property Taken N/A		35 Total Loss Value Unk			

36 Vehicle Information		Suspect <input type="checkbox"/> Victim <input checked="" type="checkbox"/> Stolen <input type="checkbox"/> Towed <input type="checkbox"/> Other <input type="checkbox"/>		Tag Number		State	Expiration	Vehicle Year	Make	Model	Body Style	Color	Mileage
Vehicle Identification Number (VIN)		Ignition Locked <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Keys in Ignition <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Doors Locked <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Windows Closed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Radio in Car <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Battery in Car <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
37 Registered Owner Name (Last, First, MI) Same as 20		Sex		Race		Age		DOB		Address (Include City, County, State, Zip)			

38 Recovered by		39 Method of Theft		40 Evidence of Stripping / Tampering		41 Repo. Check <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		42 Tow List Check <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		43 Owner Notified <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
44 Tow Information		Location Towed From		Location Towed To		Towed by		Tow Truck Operator Signature			

45 Detective Notified Det. Ott		Sequence No. Assignment G908 SD-DDU		Unit Number Date 3826 10/23/19		Time 1500hrs		46 Medical Examiner Notified		Date		Time	
47 Crime Lab Technician Name		Unit Number		Time		48 Hot Desk Person Notified				Time			

49 Communications Supervisor Notified <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		50 Citywide Broadcast Time <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		51 Victim Assistance/Incident Information: Explain 309 Form Form(s) Provided <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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52 Copies Forwarded To	
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Conf'd Sections	Narrative: (1) Continuation of any preceding items. (2) Property Listing, to include property taken and seized/submitted evidence/property list property inventory number(s) when applicable. (3) Describe details of incident. Include all steps taken in preliminary investigation. (4) List all additional notifications, including name, agency or assignment, unit number, telephone number, date, time. (5) List all arrests, including Arrest Numbers and charges.
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1		Property Damaged		BMW X5 tag (scratches to passenger door and rear bumper)		Unk	
On 10/23/19 at 1405hrs this officer responded to Washington and Martin Luther King Blvd for a discharging. Upon arrival this officer spoke with who stated she discharged her registered firearm.		Investigation revealed was traveling down Martin Luther King Blvd when she came to the intersection at Washington Blvd. While sitting at the light a group of squeegee kids surrounded her vehicle spraying fluid all over her windshield and demanding money. She couldn't drive off without running them over, so she then reached into her purse that was next to her and pulled out her registered firearm and sat it on her lap as she was telling the group to back away from her car. One of the members of the group then reached into her passenger side window and grabbed her right wrist, which was the hand she was holding the firearm in. A little struggle occurred which caused her to discharge the firearm into the		Continued <input checked="" type="checkbox"/>			

53 Reporting Officer Name (PRINT CLEARLY) P/O Watson, C.		Sequence No. Assignment J176 SD		Signature Cejus Watson	
54 Approving Supervisor Rank and Name 125 Jackson		Sequence No. Assignment F158 SD DDU		Signature [Signature]	

55 RMS Data Entered By		Sequence No. Date		Time		56 Reviewer		57 Referred To	
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REPORT SHOULD BE TYPED OR LEGIBLY PRINTED IN BLACK INK

## SUPPLEMENT REPORT

Form 04/007

1160-26-63

Revised 9/16

POLICE DEPARTMENT  
BALTIMORE, MARYLAND☒ Continuation☐ Follow Up

Person

Property

Miscellaneous

Vehicle

Missing Person

Custody

6 Unit

9B31

7 Post of Occurrence

931

8 Reporting Area

9 Street Code

10 CAD Number

2275

1 Crime / Incident

Distraction of Property

Attempt

☐

2 Complaint Number

9-191007765

3 Location of Offense / Incident (Street Address, Zip)

700 Washinton Blvd.

Page 2 of 2

4 Date / Time of This Report

10/23/19 1405hrs

5 Arrest / Custody Number

13 Case Status

☒ Open ☐ Closed

14 Multiple Clearance

☐ Yes ☐ No

15 Case Disposition

☐ Cleared ☐ Not Cleared

Explain

16 Follow-up

☐ Yes ☐ No

17 Crime Code

18 Crime Classification

19 Complainant/ Name (Last, First, MI) or Firm Name if Business

Victim

Residence / Address (Include City, County, State, Zip)

Sex

F

Age

45

DOB

Race:

☒ Black☐ White☐ Asian or Pacific Islander☐ Native American/Alaskan Native☐ Other

Gender:

☐ Male

Ethnicity:

☐ Hispanic or Latino☐ Not Hispanic or Latino☐ Unknown

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Cont'd

Sections

Narrative: (1) Continuation of any preceding items. (2) Property Listing: to include property taken and seized/submitted evidence/property; list property inventory number(s) when applicable. (3) Record all activity and all developments in case subsequent to last report. Include names and arrest numbers of all persons arrested. Explain any crime/incident classification change. (4) List all additional notifications including name, agency or assignment, unit number, telephone number, date, time. (5) Recommend case status when applicable. (6) If Multiple Clearance include all affected complain/case numbers.

passenger seat of her vehicle. Once the firearm went off, the group fled in different directions. [REDACTED] then contacted police and stood by till officers arrived. Once on scene an area canvas was conducted for the group in question, but the canvas came back negative. [REDACTED] was then transported to Southern District DDU to be interviewed. [REDACTED] firearm was seized and submitted to ECU after Det. Ott verified her gun permits with Mike Barkley of the State Police Gun Center.

Continued

☐

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I affirm and declare that the statements above are true to the best of my knowledge:

Reporting Person's Signature

Date

22 Reporting Officer Name (PRINT CLEARLY)

P/O Watson, C.

Sequence No. Assignment

J176 SD

Signature

Cejus Watson

23 Approving Supervisor Rank and Name

KS. J. [REDACTED]

Sequence No. Assignment

F758 SD ODU

Signature

24 RMS Data Entered By

Sequence No. Date

Time

25 Reviewer

26 Referred To

REPORT SHOULD BE TYPED OR LEGIBLY PRINTED IN BLACK INK